

BANNISTER
94049-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045254
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 301 Primary Registration District No. 6035 Registrar's No. 640

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jordan Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Doniphan 0910 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RR# 2		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) RR# 2. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Christene Sue Brooks			4. DATE OF DEATH Month Day Year Dec. 12, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1958
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months Days 1	IF UNDER 24 HRS. Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Doniphan, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chester Brooks	13b. MOTHER'S MAIDEN NAME Dorothy Armes
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. —
17. INFORMANT Chester Brooks		Address Doniphan, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Convulsive disorder			INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Familial epilepsy			
DUE TO (c) —			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-11-58 to 12-11-58 and last saw her alive on 12-11-58 8 P.M. Death occurred at 3:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William S. Bannister, D.O. 2		22b. ADDRESS Doniphan, Mo.	22c. DATE SIGNED 12-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-12-58	23c. NAME OF CEMETERY OR CREMATORY ABRAHAM FAITH Church of God Cemetery Ripley County MO	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS Edwards FUNERAL Home DONIPHAN, MO		25. DATE RECD. BY LOCAL R.G. 12-17-58	26. REGISTRAR'S SIGNATURE Flava Broz

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by was not embalmed!, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064.....

P. O. Address Danipaham, In

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.